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**H.G. Thode Postdoctoral Fellowship**

**Application Form**

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| Surname:        | Given name(s):        |
| Citizenship:  |
| Permanent Address:       |
| Mailing Address (if different):       |
| Telephone:       | Email address: |
| University affiliations (including degrees, universities, and dates):       |
| Date of completion of PhD, if degree not yet awarded indicate estimated date of completion:       |
| Discipline of Doctoral Degree:       |
| Please provide the names, university affiliations and email addresses of your two referees and your Department Chair: |
| Proposed Research Supervisor(s):       |
| Ph.D. Supervisor (or most recent Postdoctoral Fellowship Supervisor):       |
| Department Chair or Delegate:      |
| Signature of Department Chair: | Date: |

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